PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL rEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where sproprists. All further corms pondence including the Pateus, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or included control and propriets. All properties are propriets and propriets and propriets are propriets and propriets and propriets are propriets.

maintenance fee notifications.	by (a) specifying a new correspondence address; and/or (
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of ad	idress) Note: A certificate of mailing

48940 7590 09/17/2007

FITCH EVEN TABIN & FLANNERY

120 S. LASALLE STREET

SUITE 1600 CHICAGO, IL 60603-3406 Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Feeds Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (71) 273-2885, on the date indicated below.

(Depositor's name)

			<u> </u>			(Signature)		
			_			(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/763,457	01/23/2004		Andrew Halliday		67634	6755		
TITLE OF INVENTION: CARTRIDGE FOR THE PREPARATION OF BEVERAGES								
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE						
nonprovisional	NO NO		PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE		
		\$1340 \$ 1440	\$300	\$0	51700\$ 17	140 12/17/2007		
EXAM		ART UNIT	CLASS-SUBCLASS					
ALEXANDER		1761	099-295000					
 Change of corresponde CFR 1.363). 			2. For printing on the pa					
Change of corresponded	ondence address (or Cha	nge of Correspondence	 the names of up to 3 registered patent or agents OR, alternatively. 		autoriteys	n, Even, Tabi		
Change of correspondence address (or Change of Correspondence Address form 'PTO/SB122] attached. "Fee Address' indication (or "Fee Address' Indication form PTO/SB147; Rev 03-02. or more recent) attached. Use of a Clustomer "Crigistered patient attorn or agents OR, alternatively, (2) the name of a single firm (having as a membre registered attorney or agents) and the names of up. "Crigistered patient attorney or agents of the properties o			membera 2 & Fla	nnery				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Sumber is required.								
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	TO BE PRINTED ON T						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the natural. If an assignce is identified below, the data will appear on the natural.								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for (A) NAMEO P ASSIGNEE (A) NAMEO P ASSIGNEE								
(B) RESIDENCE: (CITY and STATE OR COUNTRY)								
- Samuri								
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🔀 Corporation or other private group entity 🚨 Government								
4a. The following fee(s) as								
Issue Fee			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.					
Advance Order - # of Copies Advance Order - # of Copies After Director is brown under the property of the th								
overpayment, to Deposit Account Number 16-1135(graphs an exercise, on				iciency, or credit any				
5. Change in Entity Statt	s (from status indicated	above)	_					
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in the applicant; a registered attorney or agent; or the assignee or other party in								
Authorized Signature Date December 17, 2007						7		
Typed or printed name	11 1	CF 11 all	51,222 Registration No.					
his collection of information is required by 37 CFR 111 The information is required to obtain or entries by and the second of								

Inst concetton of informals is respired by 37 CFR I, \$11\$. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is effected by 35 U.S. \$1,22 and 37 CFR I, \$11\$. This collection is estimated to take \$12\$ minutes to complete, including gathering, preparing, and this form and/or suggestions for reducing this burden, should be sent to the Confidency upon the individual case. Any comments on the amount of time your require to complete box 1450, Alexandria, Virginia 2231-1450. DO NOT SENS-REES OR COMPLETED FORMS TO THIS ADDRESS. SENT OF Commissioner for Patents, P.O. Box 1450. Alexandria, Virginia 2231-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.